

# COMMITTEE REPORT

## MADAM PRESIDENT:

**The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1055, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:**

- 1           Page 3, delete lines 7 through 11, begin a new paragraph and insert:
- 2           **"Sec. 6. (a) An insurer that does not comply with this chapter**
- 3           **shall pay interest for each day of noncompliance at the same**
- 4           **interest rate as provided in IC 12-15-21-3(7)(A).**
- 5           **(b) IC 27-8-5.7 applies to payment of a claim submitted to an**
- 6           **insurer by a provider in compliance with this chapter."**
- 7           Page 4, delete lines 16 through 20.
- 8           Page 4, line 21, delete "a provider", begin a new paragraph and
- 9           insert:
- 10          **"Sec. 11. (a) A provider".**
- 11          Page 4, between lines 27 and 28, begin a new paragraph and insert:
- 12          **"(b) A disclosure required by subsection (a) must be:**
- 13               **(1) made in writing; and**
- 14               **(2) if included in a document containing other terms of**
- 15               **consent for treatment, displayed conspicuously.**
- 16          **(c) A disclosure is not required under subsection (a) if any of the**
- 17          **following apply:**
- 18               **(1) The patient is unconscious, incoherent, or incompetent.**
- 19               **(2) The patient:**
- 20                       **(A) arrives at a hospital required to provide emergency**
- 21                       **medical screening or care under 42 U.S.C. 1395dd; and**

1           **(B) seeks emergency medical screening or care.**

2           **(3) The provider does not know and could not reasonably**  
 3           **know that the patient is covered under a policy issued by an**  
 4           **insurer with which the provider has not entered into an**  
 5           **agreement for the delivery of health care services.**

6           **(4) The provider has been requested to render health care**  
 7           **services to the covered individual after the covered individual**  
 8           **has been admitted for inpatient or outpatient services and the**  
 9           **provider's services were not part of the original treatment**  
 10           **plan."**

11           Page 5, delete lines 20 through 26, begin a new paragraph and  
 12           insert:

13           **"Sec. 3. (a) A health maintenance organization that does not**  
 14           **comply with this chapter shall pay interest for each day of**  
 15           **noncompliance at the same interest rate as provided in**  
 16           **IC 12-15-21-3(7)(A).**

17           **(b) IC 27-13-36.2 applies to payment of a claim submitted to a**  
 18           **health maintenance organization by a nonparticipating in**  
 19           **compliance with this chapter."**

20           Page 6, delete lines 25 through 29, begin a new paragraph and  
 21           insert:

22           **"Sec. 8. (a) A".**

23           Page 6, after line 35, begin a new paragraph and insert:

24           **"(b) A disclosure required by subsection (a) must be:**

25           **(1) made in writing; and**

26           **(2) if included in a document containing other terms of**  
 27           **consent for treatment, displayed conspicuously.**

28           **(c) A disclosure is not required under subsection (a) if any of the**  
 29           **following apply:**

30           **(1) The patient is unconscious, incoherent, or incompetent.**

31           **(2) The patient:**

32           **(A) arrives at a hospital required to provide emergency**  
 33           **medical screening or care under 42 U.S.C. 1395dd; and**

34           **(B) seeks emergency medical screening or care.**

35           **(3) The provider does not know and could not reasonably**  
 36           **know that the patient is covered under an individual or group**  
 37           **contract entered into by a health maintenance organization**  
 38           **for which the provider is not a participating provider.**

- 1           **(4) The provider has been requested to render health care**
- 2           **services to the enrollee after the enrollee has been admitted**
- 3           **for inpatient or outpatient services and the provider's services**
- 4           **were not part of the original treatment plan."**

(Reference is to HB 1055 as reprinted January 29, 2008.)

**and when so amended that said bill do pass.**

Committee Vote: Yeas 11, Nays 0.

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**Miller**

**Chairperson**